## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I											<del>-</del>	
			(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			20					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20minus 20=		. 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		. 0			X40=		OR	X80=	
Μl	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+135=		1	+270=	
* If	the difference	in column 1 is	less than ze	ero, entei	"0" in d	column 2	L	TOTAL		OR		9160
CLAIMS AS AMENDED - PART II								IOIAL		OR	TOTAL	THAN
			(Colur	nn 2) (Column 3)			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	:	X\$ 9=	:	OR	X\$18=	,
	Independent	* ENTATION OF MI	Minus	***	CLAINA	= .		X40=		OR	X80=	
L	TIMOTTALOL	INTATION OF INI	JUIPLE DE	PENDENT	CLAIM		+	-135=		OR	+270=	
							<b>L</b>	TOTAL DIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)	AUI	DII. FEE		٠, ١	AUDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	>	<b>(\$ 9=</b>		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAIM	=	7	X40=		OR	X80=	
	[	TATION OF MIC	JEHR CE DEF	ENDENT	CLAIIVI		+	135=		OR	+270=	
							ADD	TOTAL DIT. FEE		OR /	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
	Independent	NITATION OF MI	Minus	***	CL AINA	=	$\rightarrow$	(40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +							135= /	·····		+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30 colors "00".  **TOTAL OF TOTAL OF TOTA										TOTAL		
***	lf the "Highest Nu	mber Previously Pa mber Previously Pa aber Previously Pai	aid For" IN THI	S SPACE is	less tha	n 3. enter "3."		IT. FEE			ODIT. FEE	